
**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

EFFECTIVE DATE OF THIS FORM: MAY 20, 2005

TOTAL NUMBER OF PAGES IN THIS SUBMISSION

Application Number	10/785,503
Filing Date	February 23, 2004
First Named Inventor	JAMES JOYE et al.
Art Unit	3739
Examiner Name	Unassigned
Total Number of Pages in This Submission	2
Attorney Docket Number	018468-000650US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB08A and /08B Form; 1 Reference Copy; EP Search Report; and Post Card
		<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
<input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Mark D. Barrish		
Date		Reg. No.	36,443

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Jennifer O'Brien	Date
		9/18/05

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On 5/18/05

TOWNSEND and TOWNSEND and CREW LLP

By: Jennifer O'Brien  
Jennifer O'Brien

**PATENT**  
Attorney Docket No.: 018468-000650US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

JAMES JOYE et al.

Application No.: 10/785,503

Filed: February 23, 2004

For: CRYOSURGICAL FLUID SUPPLY

Examiner: Unassigned

Art Unit: 3739

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97 and §1.98**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

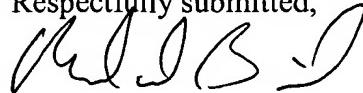
The reference cited on attached form PTO/SB/08A and PTO/SB/08B is being called to the attention of the Examiner. A copy of the reference is enclosed. It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

A copy of the corresponding Supplementary Partial European Search Report from EP 01963720 is also enclosed herewith.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

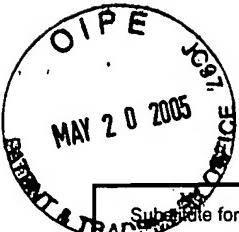
This Supplemental Information Disclosure Statement is being filed before the mailing date of the first Office Action on Merits. Accordingly, the Applicants believe that no fee is due. However, if a fee is required by this paper, the Examiner is requested to charge our Deposit Account No. 20-1430.

Respectfully submitted,



Mark D. Barrish  
Reg. No. 36,443

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: 650-326-2400  
Fax: 650-326-2422  
JMH:bjl  
60493180 v1



Substitute for form 1449A/PTO		<i>Complete if Known</i>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>		Application Number	10/785,503
		Filing Date	February 23, 2004
		First Named Inventor	JAMES JOYE et al.
		Art Unit	3739
		Examiner Name	Unassigned
Sheet	1	of	2
		Attorney Docket Number	
		018468-000650US	

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. <sup>1</sup> Applicant's unique citation designation number (**optional**). <sup>2</sup> Kind Codes of U.S. Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.



Substitute for form 1449B/PTO <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>		<b>Complete if Known</b>	
Sheet	2	of	1
		Application Number	10/785,503
		Filing Date	February 23, 2004
		First Named Inventor	JAMES JOYE et al.
		Art Unit	3739
		Examiner Name	Unassigned
		Attorney Docket Number	018468-0000650US

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.